



464891

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Babst, Calland, Clements, Zomnir
Attn: Kevin Garber
2 Gateway Center
Pittsburgh, PA 15222 (re: Rexroth)

2. Article Number

(Transfer from service label)

7001 0320 0006 0294 1816

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

BMC JLG/MS 10/14/03

C. Signature

X

☒ Agent☐ AddresseeD. Is delivery address different from item 1? ☐ YesIf YES enter delivery address below: ☐ No

OCT 21 2003

SUPRELINE

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**U.S. Postal Service****CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage

\$

7.98

Certified Fee

2.30

Return Receipt Fee
(Endorsement Required)

1.75

Restricted Delivery Fee
(Endorsement Required)

60.30

Total Postage

Babst, Calland, Clements, Zomnir

Sent To

Attn: Kevin Garber

Street, Apt. 1

2 Gateway Center

or PO Box No.

Pittsburgh, PA 15222 (re: Rexroth)

City, State, ZIP

PS Form 3800

D. Sheppard
SR-6J(CRS)